



*Advancing
public health
performance*

**Public Health Accreditation Board (PHAB)
Description of PHAB Data and Codebook
Effective September 2022**

This document provides information about the data that may be released to researchers, per the Research and Data Use Guidelines (available at <https://phaboard.org/data-and-insights/request-data/>). It includes background information about how PHAB generates the data set and potential data limitations, and concludes with a codebook describing three types of data that researchers may request:

- Profile information about health departments;
- Information about health department performance on the PHAB Measures for both initial accreditation and reaccreditation; and
- Population Health Outcomes reporting.

In the data request form, researchers must specify which fields they are requesting. PHAB will only release data that are pertinent to the request.

Background

In 2011, PHAB launched the national accreditation program for Tribal, state, local, and territorial public health departments. Health departments seeking accreditation register in e-PHAB, PHAB's electronic information system that is used throughout the accreditation process. This is prerequisite for starting the Readiness and Training process, which may be a precursor to either accreditation or the [Pathways Recognition Program](#).^{*} Health departments then submit an application (for either accreditation or Pathways Recognition), which provides information about their agency and is, combined with the registration process, the source for the "profile information about health departments." If the application is approved, health departments submit documentation to demonstrate conformity with the PHAB Standards & Measures.

The documentation is reviewed by a team including peer site visitors, who develop the Site Visit Report. The Report includes an assessment of conformity (Fully Demonstrated, Largely Demonstrated, Slightly Demonstrated, or Not Demonstrated) for each Measure. The Report also includes for each Measure a required statement describing the health department's conformity and optional comments identifying "areas of excellence" and/or "opportunities for

^{*} Please note that Pathways Recognition Program data will be available in the Data Portal once sufficient data have been generated, approximately 50 health departments,

improvement.” The Site Visit Report is the primary source of “information about health department performance on the PHAB Measures.”

The Site Visit Report is reviewed by the PHAB Accreditation Committee. That Committee can decide to confer accreditation at that time or can require a health department to submit an Action Plan [now known as the Accreditation Committee Action Requirements (ACAR)]. In the latter case, the Accreditation Committee will specify which Measure(s) need to be addressed and the health department has the opportunity to submit new documentation related to the identified Measures. (In August 2018, the Accreditation Committee adopted a policy that all measures that were assessed as Slightly or Not Demonstrated will be included.) That new documentation is reviewed by one or more reviewers who develop a report for the Accreditation Committee. Upon receiving that report, the Accreditation Committee can either grant the health department the status of Accredited or Not Accredited. Accreditation status is in place for five years from the date that the Accreditation Committee confers accreditation. Health departments that have the status of Not Accredited can begin the application process anew.

All accredited health departments are required to submit Annual Reports. When the Accreditation Committee accredits a health department (either during the initial discussion of that health department or after an ACAR), it may specify that the health department must address in the Annual Report its progress on specific Measures. In August 2018, the Accreditation Committee adopted a policy that all Not or Slightly Demonstrated measures be included in the Annual Report.

Five years after they are accredited, health departments are required to begin the reaccreditation process. While the process is generally similar to initial accreditation, health departments are assessed against a different set of Standards & Measures. In the 2016 version of the reaccreditation measures, health departments are assessed as having either Met or Not Met each Measure. (For the Version 2022 Reaccreditation Standards & Measures, PHAB uses the same set of assessment options as in initial accreditation.) Similar to initial accreditation, the Accreditation Committee reviews the Report generated by the Site Visit Team and either requires additional work (ACAR) or determines that the health department will maintain accreditation for the next five years.

One of the reaccreditation requirements is for health departments to report on the population health outcomes they are monitoring in their community. Although health departments are not assessed on these outcomes, reporting them to PHAB is mandatory. Health departments update their data each subsequent year as part of the annual report process.

For more information, researchers are encouraged to visit [PHAB's website](#). In particular, researchers may want to review:

- [Data & Insights](#) page (includes PHAB's logic model, research agenda, and a bibliography)
- [Policy for National Public Health Department Initial Accreditation](#)
- Standards & Measures (health departments that submitted their applications prior to June 2, 2014 use Version 1.0; health departments that submitted their applications after

that date use [Version 1.5](#); health departments will start using [Version 2022](#) on July 1, 2022[†])

- [Policy for National Public Health Department Reaccreditation](#)

Researchers may also want to visit PHAB's [Data Portal](#). This portal contains aggregate information about health departments participating in the process, including their assessments of conformity when they are initially reviewed by their peer site visitors, as well as whether progress was demonstrated through the ACAR process. Users are able to filter these data by certain health department characteristics (e.g., population served, budget, etc.). Although users cannot view data about individual health departments, researchers are encouraged to explore these aggregate data when preparing their research questions.

Potential data limitations

- PHAB accreditation is voluntary. The health departments that decide to pursue accreditation may not be representative of all health departments in the country.
- Health departments are strongly encouraged to begin preparing for accreditation before they apply. This may have implications for studies that use a comparison group or a pre/post design. To the extent that health departments change because of accreditation, those changes might begin prior to the application date. Therefore, health departments that are not yet in the e-PHAB information system may have already made changes in preparation for accreditation.
- The health department profile information provided in the PHAB application is self-reported; it is not verified.
- The data reflect a snapshot in time. Health departments are dynamic organizations and information they provided in their application may no longer be accurate. In addition, the underlying capacities described in the Site Visit Report may change over time.
- The assessments of conformity and narratives from the Site Visit Report are developed by a team consisting of PHAB staff and volunteer, peer site visitors based on their professional judgment. PHAB's efforts to ensure rater and inter-rater reliability include: training site visitors and requiring them to participate in exercises designed to increase the consistency of their reviews; providing guidance on the interpretation of the Standards and Measures; and reviewing all Site Visit Reports. The official inclusion of the PHAB staff member as part of the review team, started in 2020, also plays an integral role in assuring consistency.
- Health outcomes are self-reported by health departments. Those data are not verified.

[†] Please note that Version 2022 data will be available in the Data Portal once sufficient data have been generated, approximately 50 health departments,

Codebook: Profile information about health departments

The following data are collected through e-PHAB registration and the Application submitted by the health departments. Data about a particular health department will be included in the data set after the health department’s application has been approved. Please note: health departments may update some of this information after they submit their application (e.g., population, budget, employees, FTE, address). When health departments apply for reaccreditation, they submit a new application with updated information. The dataset includes the most recent information provided by the health department.

Variable Name	Description	Possible Values
General information[‡]		
HDName	Name of health department (HD)	
HDID	Health department ID	
HDType	Department type [§]	1 = State 2 = Local 3 = Tribal 4 = Territorial 5 = Centralized State Integrated Local Public Health Department System 6 = Multi-jurisdictional 7 = Army 8 = VRHS 9 = International
NACCHOID	NACCHO ID	[PHAB merged data from NACCHO to obtain correct NACCHO ID. Missing if state, tribal, or territorial HD]
Appdate	Date application submitted	
Accredstatus	Accreditation status	1 = Accredited 2 = In progress (includes those in the Readiness & Training process as well as in progress on ACAR) 3 = Not accredited (includes health departments that were determined to be not accredited during the initial accreditation process) 4 = No longer accredited (health departments that were accredited and either did not fulfill their

[‡] If researchers are not requesting identified datasets, some of these fields (e.g., city, state, zip) may not be available. In addition, PHAB would provide the population or budget category data rather than the exact population/budget number.

[§] Data from tribal, territorial, centralized state integrated local public health department system, multijurisdictional, Army, VRHS, and international applicants will be withheld if there are not sufficient numbers of departments in the system.

		annual reporting obligations or did not apply for reaccreditation)
Accreddate	Date accredited	[blank if HD has not been accredited]
Reaccred1_date	Date reaccreditation was conferred	[blank if HD has not been reaccredited]
ActionPlan1	Whether or not the HD was required to conduct additional work before being initially accredited	0 = Action plan/ACAR not required 1 = Action plan/ACAR required . = HD has not yet been reviewed by Accreditation Committee
ActionPlan2	Whether or not the HD was required to conduct additional work before reaccreditation was conferred	0 = ACAR not required 1 = ACAR required . = HD's reaccreditation status has not yet been reviewed by Accreditation Committee
City**	City	
State	State	
Country	Country	
Region	DHHS Region	1 = Region 1 (CT, MA, ME, NH, RI, VT) 2 = Region 2 (NJ, NY, PR, VI) 3 = Region 3 (DE, MD, PA, VA, WV, DC) 4 = Region 4 (AL, FL, GA, KY, MS, NC, SC, TN) 5 = Region 5 (IL, IN, OH, MI, MN, WI) 6 = Region 6 (AR, LA, NM, OK, TX) 7 = Region 7 (IA, KS, MO, NE) 8 = Region 8 (CO, MT, ND, SD, UT, WY) 9 = Region 9 (AZ, CA, HI, NV) 10 = Region 10 (AK, ID, OR, WA)
Zip	Zip code	
Population	Total population served by the HD	
Popcat8	Population categories	1 = <25,000 2 = 25,000 – 49,999 3 = 50,000 – 99,999 4 = 100,000 – 249,999 5 = 250,000 – 499,999 6 = 500,000 – 999,999 7 = 1,000,000 – 2,999,999 8 = 3,000,000+
Jurisdiction	Local HD jurisdiction	1 = City

** The city, state, and region for tribal health departments is based on where the tribal health department is headquartered. It is possible for a tribal health department to cross state and regional borders.

		2 = City-County 3 = County 4 = District 5 = Multi-jurisdictional (multi-county) 6 = Other 7 = Regional 8 = Town/Township [missing if state, tribal, or territorial HD]
Structure	Relationship of the local HD to the state HD OR Structure of tribal HD	1 = Centralized 2 = Decentralized 3 = Mixed 4 = Shared 5 = Single Tribe 6 = Tribal Association/Consortium [missing if territorial HD]
Tribe	Does the area served by the HD include a federally recognized Tribal government?	1 = Yes 0 = No [missing if HD is a tribal or territorial HD]
Budget	Annual HD budget amount	
Emp	Total number of employees at the HD	
FTE	Total reported FTEs at the HD	
Governing Entity & Appointing Authority		
APPTAUTH	Appointing authority (Individual that appoints the HD director)	1 = Governor 2 = Mayor 3 = County Commissioners (previous response option = Chair of County Commissioners) 4 = Board of Health (previous response option = Chair of Governance) 5 = Director of Super Public Health Agency, Super Health Agency, or Umbrella Agency 6 = Other 7 = County Executive 8 = City Council 9 = Army Central Command/Department of Army
APPAUTHOTH	Title if HD selected "other" for appointing authority	

Codebook: Information about health department performance on the PHAB Measures

Data about a particular health department will be included in the data set after the Site Visit Report has been finalized and reviewed by the Accreditation Committee. This information comes from the Site Visit Report, the Action Plan Report, or guidance from the Accreditation Committee about measures to include in the Annual Report.

The data set is configured such that there is one row for each health department for each measure. The table below describes all of the variables that are available for each of those rows, both for initial accreditation and reaccreditation.

Variable Name	Description	Possible Values for Initial Accreditation	Possible values for Reaccreditation
HDID	Health department (HD) identifier		
MeasNumber	Measure number for Versions 1.0 and 1.5 for Initial accreditation and for Reaccreditation 2016 without the periods	Examples: 121 = Measure 1.2.1 (Domain 1, Standard 2, Measure 1) 1232 = Measure 12.3.2	Examples: 12 = Measure 1.2 122 = Measure 12.2
V22MeasNumber	Measure number for Version 2022 without the periods	Examples: 121 = Measure 1.2.1 (Domain 1, Standard 2, Measure 1) 1013 = Measure 10.1.3	
HDtype	Type of HD; some of the Measures differ based on HD type; there are more State measures than Local ones	1 = State 2 = Local	
Version	Indicates whether the HD was assessed against Version 1.0, Version 1.5, or Version 2022 of the Standards and Measures	1 = Version 1.0 1.5 = Version 1.5 22 = Version 2022	16 = Version 2016 22R = Version 2022
SVRassessment	The assessment of conformity with the Measure, as part of the Site Visit Report	1 = Not Demonstrated 2 = Slightly Demonstrated 3 = Largely Demonstrated 4 = Fully Demonstrated	for Version 2016: 1 = Not Met 2 = Met For Version 2022: 1 = Not Demonstrated 2 = Slightly Demonstrated

			3 = Largely Demonstrated 4 = Fully Demonstrated
SVRcomment	Comments about how the HD demonstrated conformity with the Measure, as part of the Site Visit Report	[free text]	
SVRaoe	Optional comments about Areas of Excellence for the Measure, as part of the Site Visit Report (Site Visitors can provide an Area of Excellence even if the Measure is not assessed as Fully Demonstrated)	[free text]	
SVRofi	Optional comments about Opportunities for Improvement for the Measure, as part of the Site Visit Report (Site Visitors can provide an Opportunity for Improvement even if the Measure is assessed as Fully Demonstrated)	[free text]	
Action	Indicates if the health department was required to include this Measure in an Action Plan	1 = Required for Action Plan/ACAR 0 = Not required for Action Plan/ACAR . = HD not required to complete an Action Plan/ACAR	1 = Required for ACAR 0 = Not required ACAR . = HD not required to complete an ACAR
Actionassessment	The assessment of conformity from the Site Visitor(s) who reviewed the Action Plan Report	1 = Not Demonstrated 2 = Slightly Demonstrated 3 = Largely Demonstrated	For 2016: 1 = Not Met 2 = Met . = HD not required to complete an ACAR for this Measure

		4 = Fully Demonstrated . = HD not required to complete an ACAR for this Measure	For 2022: 1 = Not Demonstrated 2 = Slightly Demonstrated 3 = Largely Demonstrated 4 = Fully Demonstrated . = HD not required to complete an ACAR for this Measure
Actioncomment*	Comments about how the HD demonstrated conformity with the Measure from the Site Visitor(s) who reviewed the Action Plan Report	[free text]	

*For initial accreditation, HDs were assessed on their progress towards completing the action plan, submitted by the HD and approved by the Accreditation Committee. It was not an assessment on the conformity with the Measure as a whole. Starting with the Accreditation Committee meeting in August 2019, the planning part of the process was eliminated, per Board policy. ACARs that were required on or after that date include assessments of newly submitted documentation against the Measure.

Codebook: Population Health Outcomes

The following data are collected about the population health outcomes that health departments are monitoring in their community. The first time health departments provide this information is when they apply for reaccreditation. They update the data each subsequent year as part of the annual report process. Health departments are asked to indicate all the topics (from a list provided by PHAB) that they are tracking and then to provide additional details for 5 to 10 topics.

Variable Name	Description	Possible Values
HDID	Health department (HD) identifier	
Submissionyear	Year HD submitted the data to PHAB	
BroadArea	HDs select one of seven broad areas identified by PHAB	Genetics Health Related Quality of Life Individual Behavior Mortality Physical Environment Preventive Health Care Social Environment
Topic	HD selects from one of the topics identified by PHAB or can add their own. PHAB does expand this list from time to time.	
Custom_Topic	HD created its own topic, rather than selecting one from PHAB's list. (Note: if the custom topic is very similar to one of PHAB's, it will be recoded)	1 = custom topic . = not custom topic
DataTracked	HD selects all the topics that they are tracking	1 = tracked . = not tracked
DataReported	HD is reporting to PHAB details about this topic	1 = reporting . = not reporting
Objective	Specific objective HD is tracking, in their own words	[free text]
Target	The SMART goal for the objective they are tracking	[free text]
DataSource	HD's source of data	[free text]
Benchmark	Source of data HD is using to benchmark its performance	[free text]
Baseline_data	HD's reported baseline data for this objective	[free text]
Baseline_year	The year of the baseline data	
Recent_data	Most recent data for this objective	[free text]
Recent_year	The year of the most recent data	
CHA	HD indicates if this objective is included in their community health assessment (CHA)	1= included CHA . = not included in CHA
CHIP	HD indicates if this objective is included in their community health improvement plan (CHIP)	1= included CHIP . = not included in CHIP

SP	HD indicates if this objective is included in their strategic plan (SP)	1= included SP . = not included in SP
Measure	HD indicates if their work related to this objective corresponds with any of the PHAB reaccreditation Standards & Measures	[free text]